



*St. Therese of Lisieux*  
**High School Youth Ministry**  
**Registration/Medical/Permission Form**  
**2017-2018**

Teen Name \_\_\_\_\_ Grade *(in Sept. 2017)* \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
*(street) (city) (zip)*

Teen Email \_\_\_\_\_ Teen Cell # \_\_\_\_\_

School *(in Sept. 2017)* \_\_\_\_\_ Parish \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

**Health, Medical & Special Needs Information**

Please indicate any special medical problems, dietary needs or allergies; if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Medications taken \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

**Family/Guardian Information**

Mother's/Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby give my child, \_\_\_\_\_, permission to participate in all Youth Ministry activities, trips and programs sponsored by St. Therese parish for the program year **July 2017–July 2018**.

I will read all of the Youth Group rules and the High School Code of Conduct and agree to abide by them.

My child has permission to ride in a parish bus or vehicle or a parish adult's vehicle for transportation to and from special events or service projects. I specifically waive any and all claims of any nature I may have against St. Therese Church or the Roman Catholic Diocese of Newark, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my son/daughter en route to, during, and/or returning from the activity. I further understand that parish representatives are ***NOT*** permitted to dispense medication. ***In case of emergency my child has permission to be transported to the nearest medical facility or hospital for treatment.***

**Photographic release:** By signing this form, the parent or guardian gives permission and waives the right to any type of compensation for their child to be photographed or video taped at any or all activities sponsored by the Youth Ministry program. Pictures or videos may be used for publicity or educational purposes only. *Initial here:* \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***There is NO FEE for our youth ministry programs, but donations are always welcome to help cover a fraction of the cost for snacks, drinks and general supplies for the year.***

# FOR TEENS ONLY

Please read below and answer ALL that apply to your interests:

Do you play a musical instrument? YES \_\_\_\_\_ NO \_\_\_\_\_ What? \_\_\_\_\_

Do you like to sing? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you like acting/drama? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you like sports? YES \_\_\_\_\_ NO \_\_\_\_\_

What school team or teams do you play on?  
\_\_\_\_\_

Do you enjoy Service Projects? YES \_\_\_\_\_ NO \_\_\_\_\_

What other activities do you enjoy? \_\_\_\_\_

Would you like to make posters or help with art projects? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you good at computers/technology? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you like making PowerPoints? YES \_\_\_\_\_ NO \_\_\_\_\_

Photography? YES \_\_\_\_\_ NO \_\_\_\_\_ Do you like filming video? YES \_\_\_\_\_ NO \_\_\_\_\_

What other special skills or talents do you have?  
\_\_\_\_\_

Name 3 kinds of activities/events you would like to see BRANCHES youth group do?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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All members are expected to:

- Be respectful to all who attend events, including my peers, adult volunteers and staff.
- Remain present in the Youth House (Teen Center) during BRANCHES Youth Group Events.
- Have a Registration/Permission Form on file and a special form when events are off church grounds.
- I will read and sign the youth "Code of Conduct" policy.

I understand the guidelines above and realize, if violated, actions deemed necessary by the Youth Minister would be taken, which may include parental contact.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_